

TRAVEL EXPENSE CLAIM

FD-262 (REV. 10/92)

See Instructions and *Privacy
Statement On Reverse Side

Page 1 of 1 Pages

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|--|--|--|--|--|--|
| CLAIMANT'S NAME Kathryn Radtkey Gaither | | SSAN OR EMPLOYEE NUMBER | | DEPARTMENT Governor's Office | |
| POSITION Undersecretary | | CB/D NUMBER | | DIVISION OR BUREAU Office of the Secretary of Education | |
| RESIDENCE ADDRESS 121 L Street #600 | | HEADQUARTERS ADDRESS 1121 L Street #600 | | INDEX NUMBER 131 | |
| CITY Sacramento | | STATE CA | | ZIP CODE 95814 | |

| DATE | TIME | (3) LOCATION WHERE EXPENSES WERE INCURRED | (4) LODGING | (5) MEALS | | | (6) INCIDENTALS | (7) TRANSPORTATION | | | | (8) BUSINESS EXPENSE | (9) TOTAL EXPENSES FOR DAY |
|-----------|--------------|--|----------------|------------|-------|---------------------------------------|--------------------|--------------------------|---------------------|--------------------------------------|--|----------------------------|-------------------------------------|
| | | | | BREAK-FAST | LUNCH | O.T., L/T, N/C, RELO. OR DINNER | | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE MILES AMOUNT | | |
| 1 | 0530 2000 | Sacto/LA/Sacto | | 6.00 | | 9.05 | | 347.00 | | 9.00 | 40.9 20.46 | | 391.51 |
| 4 | | Sacramento | | | | | | | | 10.00 | | | 10.00 |
| 6 | | Sacramento | | | | | | | | 10.00 | | | 10.00 |
| 7 | | Sacramento | | | | | | | | 6.00 | | | 6.00 |
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| SUBTOTALS | | | | 6.00 | | 9.05 | | 347.00 | | 35.00 | 40.92 20.46 | | 417.51 |

COLUMN CODE (AGENCY USE ONLY)

CLAIM TOTAL

\$ 417.51

(1) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

5/21/10 Race to the Top meeting, Los Angeles, CA

5/04/10 Parking for Meeting CD, Sacramento

5/06/10 Parking for Meeting CDE, Sacramento

5/07/10 Parking for Meeting CDE, Sacramento

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

5mjh400

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

DATE

5/25/10

SIGNATURE

DATE

5/25/10

**See Instructions and *Privacy
Statement On Reverse Side**

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| DONOR'S NAME athryn Radtkay Gaither | | | SSAN OR EMPLOYEE NUMBER* | | | DEPARTMENT Governor's Office | | |
| SITION ndersecretary | | | CB/ID NUMBER | | | DIVISION OR BUREAU Office of the Secretary of Education | | |
| SIDENCE ADDRESS * 21 L Street #600 | | | HEADQUARTERS ADDRESS 1121 L Street #600 | | | INDEX NUMBER 131 | | |
| CITY Sacramento | | | STATE CA | | | ZIP CODE 95814 | | |
| CITY Sacramento | | | STATE CA | | | ZIP CODE 95814 | | |

[illegible]

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 408.86

7) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

3/17/2010 RTTT Meeting with Secretary Reiss and others Los Angeles, CA

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and sea ball usage.

Vehicle safety and
AIMANT'S SIGNATURE

DATE _____

(16.)

DATE _____

5/19/10

5/19/10